



Atty. Dkt. No. 070191-0190 (15-XT-5197) *RECEIVED JUL 21 2004*
TECH CENTER 2800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lounsberry et al.

Title: **METHOD AND APPARATUS FOR
ASSOCIATING A FIELD
REPLACEABLE UNIT WITH A
MEDICAL DIAGNOSTIC SYSTEM
AND RECORDING OPERATIONAL
DATA**

Appl. No.: 09/450,264

Filing Date: 11/29/1999

Examiner: Lau, Tung S.

Art Unit: 2863

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.	
<u>Chris Escavaille</u> (Printed Name)	
<u>Chris Escavaille</u> (Signature)	
3/17/03 (Date of Deposit)	

BEST AVAILABLE COPY

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicants hereby appeal to the Board of Patent Appeals from the decision of the final rejection dated December 16, 2002, of the Examiner finally rejecting Claims 1-23.

Applicant claims small entity status.

Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

Notice of Appeal Fee

To be paid as detailed below

Not required (Fee paid in prior appeal)

03/11/2005 TSTEPTOE 00000003 070845 09450264

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The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$320.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$320.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$320.00

Please charge Deposit Account No. 07-0845 in the amount of \$320.00 . A duplicate copy of this transmittal is enclosed.

A check in the amount of \$320.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date 3/17/03

FOLEY & LARDNER
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